Utah Cannabinoid Product Board

December 8, 2020
9:00-11:00 am
Utah Department of Health
This meeting was held virtually

This meeting was recorded. A copy of the recording can be requested by the Center for Medical Cannabis (medicalcannabis@utah.gov)

Attendees

- CPB Members: Brian Zehnder, Lauren Heath, Michael Crookston, Perry Fine, Katherine Carlson, Ed Redd
- UDOH Staff and Members of the Public: David McKnight, Kayla Strong, Katie Barber, Reshma Arrington, Richard Oborn, Shelia Walsh-McDonald, Mark Babitz, Jodi Hart, Sam Stecklow, Maraly and Russ Frandsen

Minutes

9:10 AM Perry Fine welcomes everyone and begins the meeting by sharing the summary of the HHS committee meeting. Perry Fine shares that he shared the report and that he didn't receive any questions from legislators and were informed that the CPB did not recommend any new conditions to be added to the list of qualifying conditions.

9:15 AM Marc Babitz shares the summary of the presentation on the CUB with the HHS committee. He shares that Senator Vickers and Dawe are more interested and involved in the medical cannabis program. The representatives asked for an expedited approval for those applicants who are truly in need of an expedited system

9:20 AM Reshma Arrington shares that a few Utah legislators reached out to her asking if the CPB has plans to talk about more research of cannabis use to reduce opioid use disorder. The item has been added to the agenda for this meeting.

9:25 AM Approval of the meeting minutes for November's meeting. The minutes have been approved.

9:27 AM Perry Fine shares that Marc Babitz and Reshma Arrington will be co-presenting at the Division of Pain Management during their weekly meeting. Marc and Reshma will be sharing an overview of the program and the role of the CPB.

9:30 AM Michael Crookston begins sharing his presentation to the CPB on anxiety and cannabis use. "Anxiety is one of the most common psychiatric disorders, but most folks say their anxiety is a symptom. The issue is that anyone can say they are anxious and it's hard to prove otherwise. And psychiatrists try to break it down into several disorders. It's not a qualifying condition in Utah and no other state except New Jersey where it's just noted as 'anxiety' and nothing else. In a study I found it said that 50% of

participants with anxiety needed cannabis with is contrasting to what I see as cannabis can cause anxiety… [see attached presentation]"

9:45 AM Marc Babitz shares how he agrees with Michael Crookston's opinion that THC can cause more anxiety and that CBD could be more useful than adding THC.

9:50 AM Perry Fine asks Michael Crookston to create a final statement for the board to review and vote on so that the public and the legislature can read the comments from the CPB that patients and doctors should be cautionary if and when they use cannabis for anxiety.

Assignment: Michael Crookston to write up a summary of his conclusion

9:55 AM Katherine Carlson states that PTSD is similar to what Michael Crookston has discussed about anxiety. PTSD by nature has many manifestations because of the different levels of how PTSD can develop. I reviewed systematic reviews, many of which Mike visited. PTSD has been included in many studies as an effect of cannabis use but wasn't the primary condition cannabis was used for. So, there isn't much new data out there for PTSD and cannabis. When we had Abrams presented on cannabis from the National Academies, he stated a study where nightmares had been reduced for PTSD patients but that's all that's out there. There just isn't a lot of information out there that PTSD benefits from cannabis use. PTSD is in some ways more complex than other the mental disorders and we need to have a better familiarity with self-medication and knowing that substances like cannabis can benefit some but can cause harm in other populations. If we can get at the heart of that self-medicating behavior, we can really better understand the role cannabis could be playing. We are nowhere near saying that cannabis could be considered a helpful substance for PTSD.

Assignment: Katherine Carlson to write up a summary of her conclusion

10:05 AM Perry Fine agrees that there is a lot of literature out there but there isn't a lot of specific data on PTSD and cannabis use. Perry Fine asks if there is any study that is known for comparing contemporary PTSD therapy with cannabis used for medical treatment against conventional therapies? Perry Fine asks Katherine Carlson if she would have recommended to the Utah Legislature if PTSD should have been added to the list of qualifying conditions if we could go back in time?

Katherine Carlson responds, "absolutely not" and has been confused about that designation from the beginning. She finds it suspicious that it had a truly deep vetting to be added on the qualifying condition list. She believes that it was premature and concerning.

Marc Babitz adds that PTSD was highly advocated to have on the list. But since there are many nuances with PTSD that are not well understood many of the advocates were looking at the wholistic picture of PTSD and not the multiple nuances that could be concerning with cannabis use.

Rich Oborn shares that there are other factors that impact legislation and part of this decision could include what's happening in other states and a big one is that this was a compromise from Proposition 2. So, PTSD could be a compromised portion of the law. Just to keep in mind. Naturally with legislation some things happen this way. The CPB is asked to review the literature of the qualifying conditions and PTSD is unique to the other conditions as a patient must meet more requirements than the other conditions.

Ed Redd joins the meeting and adds that he agrees that PTSD is complex in that the condition is multi-faceted and everyone responds differently. As far as what happened to the legislative process, you're right it was a huge compromise. We had the UMA against it, but other advocates were for it, there were also veterans there asking for it since it helped with their PTSD. I see the whole spectrum of patients saying it helps them a lot and some saying it helped a little bit. That's the problem, we don't hear from those who it doesn't help and can be causing more problems. The data on this is all over the place.

Katherine Carlson shares that she wrote the PTSD section in the guidance document and could review the document and make changes as needed.

Assignment: Katie Carlson to review PTSD document and make edits if needed.

Perry Fine asks the group to vote on the position of not recommending anxiety for cannabis use since there is little to no sufficient data on the condition.

Marc Babitz suggests that the group create some whereas statements on anxiety since the public will need to understand why the board is recommending in this manner.

Assignment: Marc Babitz and Michael Crookston to create whereas statements

10:15 AM Perry Fine moves onto the topic of cannabis for medical use to treat or mitigate substance use disorder. There is a lot of research on this topic throughout the country. I suggest that we bring in someone from outside our group, like Adam Gordon from the University of Utah and the PARCKA program. He might be interested in presenting to us on the topic. The timeline for this is February or March to gather the literature, we continue with autism by Ed Redd in January.

Marc Babitz suggests that the topic be specific to opioid use since that is what most people are interested in looking at.

Assignment: Katie Carlson to name a few in a list as possible presenters to Reshma Arrington and Perry Fine.

10:25 AM Perry Fine moves onto the survey. The survey provides a lot of good information but there could be a lot of potential of confirmation bias which creates the need to test via a randomized clinical method. These are powerful but expensive.

Rich Oborn adds that this survey serves as good communication with the industry to better understand what the patients are saying about their services. The survey confirmed many things we expected it to say for example how cannabis benefited patients with epilepsy, and we did hear about the concerns of prices and availability. This is an ongoing survey, and we can add more questions.

Reshma Arrington shares that she has a list of questions to add to future surveys, for example 'have patients sought out medical attention from using cannabis' and 'what type of cannabis user are you?'

Marc Babitz suggests that the Center look into surveying the group of patients who did not renew their medical cannabis registration. It's good to know what's going on there, why didn't they continue their treatment or their registration?

Assignment: Reshma Arrington to share survey questions with CPB and look into surveying non-renewing patients.

Perry Fine suggests that the goal of this survey be changed as certain individuals and certain groups will have a specific agenda to use this. This report is great to gather the opinions of the use, but you cannot generalize from this.

> *Assignment: Reshma Arrington will add a disclaimer to the survey for readers to know that the survey is not to be used as a recommendation but rather is self-reported experiences with cannabis use.*